REPORT OF RECEIPTS AND DISBURSEMENTS

FOR OTHER THAN AN AUTHORIZED COMMITTEE (Summary Page)		RECEIVED
1. NAME OF COMMITTEE (In full)	(4	SHAL ELECTION SSION MAIL SOLE
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE-EXP	ENDITURES CORM	SSION MAIL NOW.
ADDRESS (number and street) Check if different than previous!	u reported	2.FEG IDENTIFICATION NUM
320 FIRST STREET, S.E.	buc 7	\$ 00 <u>0</u> 758241 99
CITY,STATE and ZIP CODE		3. This committee qualifie
WASHINGTON, D.C. 20003		a mulijoandidate committee.
VASHINGTON, D.C. 20003		(See FEC FORM 1M)
4. TYPE OF REPORT		
(a)	Manuallahi Banasi Dua C	1 .
April 15 Quartedy Report	Monthly Report Due C	ni. Golpher 20
	Feb 20 June 20 March 20 July 20	November 20
July 15 Quarterly Report.	April 20 Aug 20	Decamber 20
_	May 2D Sept 20	January 31
October 15 Quarterly Report	MBy 20	
January 21 Mage End Basset	Twelfth day report preceding	·
January 31 Year End Report		(Type Of Election)
July 31 Mid Year Report (Non-election Year Only)	election on	in the state of
2019 21 (the Lange Makes) From Exercise 1 and 2 (1)	 ,	
Termination Report	Thirtieth day report following	g the General Election on
	In the State of	
(b) Is this Report an Amendment? Yes NO		
· · · · · · · · · · · · · · · · · · ·	A COLUMN A	COLUMN B
SUMMARY	COLUMN A	Calendar Year-to-Date
5 Covering Period 7-1-99 through 7-31-99	This Period	
в (a) Cash on Hand January 1, 1999		\$537,905.32
• •	\$1,106,528.55	
(b) Cash on Hand at Beginning of Reporting Period	\$1,100,020.00	
(c) Total Receipts (from Line 19)	\$1,925,497.07	\$20,985,372.37
••		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A	\$3,032,025.62	\$21,523,277.69
and Lines 6(a) and 6(c) for Column B)		
7 Total Disbursements (from Line 30)	\$2,249,746.90	\$20,740,998.97
		\$782,278.72
8 Cash on Hand at Close of Reporting Period (line 7 fm Line 6)	(c \$782,278.72	For further Information contr
9 Debts and Obligations Owed TO the Committee	60.00	
(Itemize all on Schedule C and/or Schedule D)	\$0.00	4
10 Debts and Obligations Owed BY the Committee	***	999 E Street, NW
(Itemize all on Schedule C and/or Schedule D)		_
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct		Toll Free 600-424-9530
and complete.		Local 202-219-3420
Type or Print Name of Treasurer		
DONNA M. ANDERSON		Date
Signature of Treasurer		8/20/99
Donna M. anderson		
NOTE:Submission of false, erroneous, or incomplete infrometion may subject th	 person signing this Report 	to the Penalties of 2 U.S.C. 5ex
		FEC FORM 3X
	1	(revised 9/93)